The Churchill Retreat

Performance Report

470 Churchill Road   
KILBURN SA 5084  
Phone number: 08 8349 6898

**Commission ID:** 6507

**Provider name:** Hahndorf Holdings Pty Ltd

**Site Audit date:** 7 January 2020 to 9 January 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

The Assessment Team found that overall consumers confirmed they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers described staff as respectful, kind and caring and felt that their dignity is maintained. Consumers said they feel valued and respected because they can make choices without being questioned.
* Consumers described choices in relation to meals, activities, morning routines and care and service options available to them.
* Consumers confirmed they are encouraged to do things for themselves.
* All consumers described positive relationships with staff and management and said they are supported to communicate with their families and friends.
* Consumers confirmed their privacy is respected.

The service has initial and ongoing assessment and planning processes to identify each consumer’s life journey, goals, preferences and what is important to them. Information gathered is used to develop individualised plans of care which assist staff to deliver care and services in line with consumers’ needs and preferences. There are processes to regularly review plans in consultation with consumers.

Consumers said they feel the organisation respects their privacy and there are processes to ensure personal information is kept confidential. The Assessment Team observed staff to maintain consumers’ privacy and dignity while interacting in public areas within the service and when providing personal care.

The service has processes to identify consumers’ cultural care needs. Staff interviewed demonstrated a clear and consistent understanding of what cultural safety means and described specific preferences for individual consumers.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 1 to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

### Requirement 1(3)(b) Compliant

Care and services are culturally safe.

### Requirement 1(3)(c) Compliant

Each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and

make connections with others and maintain relationships of choice, including intimate relationships.

### Requirement 1(3)(d) Compliant

Each consumer is supported to take risks to enable them to live the best life they can.

### Requirement 1(3)(e) Compliant

Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

### Requirement 1(3)(f) Compliant

Each consumer’s privacy is respected and personal information is kept confidential.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Assessment Team found that overall consumers and representatives confirmed they feel like partners in ongoing assessment and planning of consumers’ care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers and representatives provided examples of how the service completes various assessments and how their input is used to develop care and service plans. Consumers and representatives also described being consulted and involved in assessment and review processes.
* All consumers and representatives confirmed they are aware of the care and service plans.
* All consumers and representatives are satisfied with information provided by staff in relation to outcomes of assessment and planning.
* Consumers said staff have spoken to them about advanced care and end of life planning, including on entry and on an ongoing basis.

The organisation demonstrated processes in relation to assessment, planning and consultation for consumers in relation to their needs, goals and preferences, and risks to consumers’ health and well-being. Staff have access to policies and procedures to guide them in assessment and planning processes. Review of consumers’ care and services occurs on a scheduled and as required basis in consultation with consumers and/or representatives.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 2 to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

### Requirement 2(3)(b) Compliant

Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

### Requirement 2(3)(c) Compliant

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

### Requirement 2(3)(d) Compliant

The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

### Requirement 2(3)(e) Compliant

Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

The Assessment Team found that overall consumers and representatives confirmed consumers get personal and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers said they get the care they need, and staff are available when they need support.
* Consumers and representatives said consumers have access to Medical officers and other health professionals at the service and described examples of when staff had engaged these services.
* Two representatives of consumers who received palliative care were satisfied with how the service managed the needs of the consumers and the level of consultation provided by staff.

Staff have access to a range of mechanisms to ensure care and services provided to consumers is best-practice. A range of validated risk assessments are used by the service with information gathered used to develop strategies and care plans in line with each individual consumer’s needs.

Care plans viewed by the Assessment Team reflected individualised care for consumers that is safe, effective and tailored to their needs and preferences. Management plans, including for continence, diabetes, pain and specialised nursing care needs are in place to guide staff in the delivery of care and services.

Staff interviewed, and documentation viewed by the Assessment Team demonstrated policies and procedures are available to direct staff practice and delivery of personal and clinical care.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 3 to ensure delivery of safe and effective personal and clinical care, in accordance with consumers’ needs, goals and preferences to optimise health and well-being.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

### Requirement 3(3)(b) Compliant

Effective management of high impact or high prevalence risks associated with the care of each consumer.

### Requirement 3(3)(c) Compliant

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

### Requirement 3(3)(d) Compliant

Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

### Requirement 3(3)(e) Compliant

Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 3(3)(f) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### Requirement 3(3)(g) Compliant

Minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

The Assessment Team found that most consumers confirmed they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers said they are satisfied with the services they receive, and these services support their independence, well-being and quality of life.
* Consumers described having friendships with other consumers and said staff are friendly. They also described feeling empowered due to being part of the service and having the confidence to voice their opinions.

The organisation has policies and procedures to guide staff and ensure consumers get safe and effective services and supports for daily living. Consumers’ spiritual and cultural preferences are identified on entry with information gathered used to develop individualised care and service plans and activity schedules. Cultural and religious personnel visit the facility to support consumers in line with their preferences.

The service offers a varied menu of suitable quality and quantity. Consumers said they mostly like the food, stating it has improved with the introduction of monthly buffet breakfasts, barbeque lunches and the newly refurbished café. The service actively seeks feedback from consumers in relation to the menu, including through audits, resident meetings and food focus meetings.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 4 to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, health, well-being and quality of life.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

### Requirement 4(3)(b) Compliant

Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

### Requirement 4(3)(c) Compliant

Services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

### Requirement 4(3)(d) Compliant

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 4(3)(e) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### Requirement 4(3)(f) Compliant

Where meals are provided, they are varied and of suitable quality and quantity.

### Requirement 4(3)(g) Compliant

Where equipment is provided, it is safe, suitable, clean and well maintained.

# STANDARD 5 COMPLIANT Organisation’s services environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as compliant.

The Assessment Team found that overall consumers indicated they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers said they always feel safe when staff are using equipment with them.
* All consumers confirmed the service is clean and well maintained.
* Consumers said they feel at home and are happy with their rooms and the service environment.

The Assessment Team observed consumers interacting in the service’s communal spaces which were welcoming, spacious, cool in temperature and clean with appropriate furnishings and fittings. Internal courtyards were well maintained with furniture placed in a manner which does not impede access. Consumers were observed to move freely between the indoor and outdoor areas of the service.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

### Requirement 5(3)(b) Compliant

The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

### Requirement 5(3)(c) Compliant

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

The Assessment Team found that overall consumers consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers feel they can make complaints and feel safe to do so.
* Consumers said staff encourage them to provide feedback and action is taken when they do so.
* Several consumers described how from the complaints they raised, the service made improvements in response to their feedback, especially in relation to food and the temperature and timing of meals.
* Consumers said they are happy with the communication and outcome resolution when they raised a complaint.

The organisation is supported by an overarching feedback and complaints framework which includes an open disclosure approach to resolving complaints. Where complaints are received, documentation viewed by the Assessment Team demonstrated they are actioned, acknowledged and feedback provided to complainants in a timely manner. Comments and complaints are tabled at both resident and staff meetings.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 6 to ensure input and feedback from consumers, carers, the workforce and others is sought and used to inform continuous improvements for individual consumers and the organisation.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

### Requirement 6(3)(b) Compliant

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

### Requirement 6(3)(c) Compliant

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

### Requirement 6(3)(d) Compliant

Feedback and complaints are reviewed and used to improve the quality of care and services.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Assessment Team found that overall consumers and representatives indicated consumers get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers and representatives said staff are kind and caring and are available when they need them.
* Consumers and representatives said staff know what they are doing, providing examples, such as being aware of consumers’ clinical needs, cultural and spiritual needs and lifestyle activity choices and preferences.
* Consumers and representatives indicated they are satisfied with the number of staff.

The Assessment Team observed staff to interact with consumers in a kind and respectful manner which supported consumers to maintain their identity, culture and diversity.

Staff interviewed said, and documentation viewed by the Assessment Team demonstrates there is a training program in place, including a range of mandatory topics, to support staff in their roles. There are processes to monitor staff attendance and completion of the mandatory training program.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 7 to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

### Requirement 7(3)(b) Compliant

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

### Requirement 7(3)(c) Compliant

The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

### Requirement 7(3)(d) Compliant

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### Requirement 7(3)(e) Compliant

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Assessment Team found that overall consumers and representatives indicated the organisation is well run and consumers can partner in improving the delivery of care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers and representatives are satisfied the service is meeting the needs of consumers.
* Consumers provided examples of how they are involved in the development of services, including the development of the new cinema room and care and service reviews processes.
* The service has a Resident representative who attends and takes minutes at the Resident meeting, attends the monthly Quality Assurance meeting and is provided the opportunity to attend the clinical meeting.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported to the Board. An audit process is in place; outcomes of audits are reported at local, state and national meeting forums.

Staff interviewed described the organisation’s diversity action plan and how it is used to support consumer choice and how to support consumers to live the best life they can. The organisation also has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 8 to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(b) Compliant

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

### Requirement 8(3)(c) Compliant

Effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

### Requirement 8(3)(d) Compliant

Effective risk management systems and practices, including but not limited to the following:

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

### Requirement 8(3)(e) Compliant

Where clinical care is provided—a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.